

# EXHIBIT B

ORM B10 (Official Form 10) (10/05)

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF Nevada  |  | PROOF OF CLAIM                   |
| Name of Debtor <b>USA Commercial Mortgage Company</b>  |  | Case Number <b>06-10725-LBR</b>   |  |                                  |
| NOTICE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>T-2 Enterprises LLC<br/>Manager Warren W Tripp</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  |                                  |
| Name and address where notices should be sent<br><b>Warren W Tripp<br/>250 Greg Street<br/>Sparks, NV 89431</b>  |  | Telephone number <b>(775) 355-7552</b>  |  | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> amends a previously filed claim dated _____   |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____<br><div style="text-align: center;">(date) (date)</div>   |  |                                  |
| <b>2 Date debt was incurred</b> <u>August 2004</u>   |  | <b>3 If court judgment, date obtained</b>   |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><u>Unsecured Nonpriority Claim \$ 405,856.76</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  |   |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>Unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>5,856.76</u> |  |                                  |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |  |   |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  | <div style="display: flex; justify-content: space-between;"> <span><u>\$ 405,856.76</u></span> <span><u>405,856.76</u></span> <span><u>405,856.76</u></span> <span><u>405,856.76</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div>   |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  | THIS SPACE IS FOR COURT USE ONLY  |  |                                  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |   |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  |  |   |  |                                  |
| Date <u>1-10-07</u><br>Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><u>Warren W Tripp</u>  |  |   |  |                                  |



## FORM B10 (Official Form 10) (10/05)

|  |  |  |  |                                  |
|--|--|--|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF Nevada   |  | PROOF OF CLAIM                   |
| Name of Debtor <b>USA Commercial Mortgage Company</b>  |  | Case Number <b>06-10725-LBR</b>  |  |                                  |
| NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |  |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>T-3 Enterprises LLC<br/>Manager Warren W Tripp</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.  |  |                                  |
| Name and address where notices should be sent<br><b>Warren W Tripp<br/>250 Greg Street<br/>Sparks NV 89431</b>   |  | Telephone number <b>(775) 355-7552</b>   |  | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> amends a previously filed claim dated _____  |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |  |                                  |
| <b>2 Date debt was incurred</b> <u>FEB 2005</u>  |  | <b>3 If court judgment, date obtained</b>  |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |  |  |  |                                  |
| <b>Unsecured Nonpriority Claim</b> \$ <u>304,220.38</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.  |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>Unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>4,220.38</u>  |  |                                  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  | \$ <u>304,220.38</u> <u>304,220.38</u> <u>304,220.38</u><br>(unsecured)    (secured)    (priority)    (Total)  |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |  |  | THIS SPACE IS FOR COURT USE ONLY |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.  |  |  |  |                                  |
| Date <u>1-10-07</u><br>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><u>Warren W Tripp</u>   |  |  |  |                                  |

FILED JAN 11 2007

USA CMC



1072502107

| PROOF OF CLAIM  |   |
|---|---|
| Name of Debtor<br>U S A COMMERCIAL MORTGAGE COMPANY   | Case Number<br>06-10725-LBR   |
| <b>NOTE</b> See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |
| Name of Creditor and Address<br>Robert G. TEETER<br>4201 VIA MARINA, STE 300<br>MARINA DEL REY, CA 90292  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |
| Creditor Telephone Number (310) 823-2234<br>Last four digits of account or other number by which creditor identifies debtor<br>1015   | <input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____   |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) See Exhibit A<br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____<br><input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Other claims against servicer (not for loan balances)   |   |
| <b>2 DATE DEBT WAS INCURRED</b> 11-06-2003 <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |   |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.<br><b>UNSECURED NONPRIORITY CLAIM \$ 67,184.61</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.<br><b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim: _____<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)<br><b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral: _____<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ UNKNOWN<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 1020.02<br><input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)( ): _____<br>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |   |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br>\$ 67,184.61 (unsecured) \$ 67,184.61 (secured) \$ (priority) \$ 67,184.61 (Total)<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |   |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units).<br>BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911<br>BY HAND OR OVERNIGHT DELIVERY TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |   |
| THIS SPACE FOR COURT USE ONLY<br>FILED JAN 12 2007  |   |
| DATE<br>1/10/2007   | SIGN and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br>Robert G. Teeter Robert G. Teeter   |
| Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571  |   |



FORM B10 (Official Form 10) (10/05)

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| UNITED STATES BANKRUPTCY COURT   |  | DISTRICT OF Nevada  |  | PROOF OF CLAIM                   |
| Name of Debtor<br><b>USA Commercial Mortgage Co.</b>   |  | Case Number<br><b>06-10725-LBR</b>  |  |                                  |
| NOTICE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |  |                                  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>TERRY MARKWELL<br/>TRUSTEE OF THE TERRY MARKWELL<br/>PROFIT SHARING PLAN &amp; TRUST</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |  |                                  |
| Name and address where notices should be sent<br><b>TERRY MARKWELL<br/>12765 S. DUEVER WOOD ROAD<br/>RENO, NV 89511</b>  |  | Telephone number<br><b>775-853 6959</b>   |  | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____   |  |                                  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>SEE Exhibit A</b>  |  |   |  |                                  |
| <b>2 Date debt was incurred</b><br><b>12-15-2004</b>   |  |   |  |                                  |
| <b>3 If court judgment, date obtained</b><br><br>  |  |   |  |                                  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim \$ 403,853.21</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.<br><b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)<br><b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral: <b>\$ unknown</b><br>Amount of arrearage and other charges at time case filed included in secured claim, if any: <b>\$ 4799.23</b><br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |  |   |  |                                  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><b>\$ 403,853.21</b> <b>\$ 403,853.21</b> <b>\$ 403,853.21</b><br>(unsecured) (secured) (priority) (Total)<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |                                  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |   |  |                                  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |                                  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |   |  |                                  |
| Date<br><b>1/9/17</b>  |  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><b>Terry Markwell, Trustee</b>  |  |                                  |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 1573

USA CMC



1072501969

## FORM B10 (Official Form 10) (10/05)

|   |                      |   |                      |                                  |                      |                      |          |                      |             |           |            |         |
|---|----------------------|---|----------------------|----------------------------------|----------------------|----------------------|----------|----------------------|-------------|-----------|------------|---------|
| UNITED STATES BANKRUPTCY COURT  |                      | DISTRICT OF <u>Nevada</u>   |                      | PROOF OF CLAIM                   |                      |                      |          |                      |             |           |            |         |
| Name of Debtor <u>USA Commercial Mortgage Company</u>   |                      | Case Number <u>06-10725-LBR</u>   |                      |                                  |                      |                      |          |                      |             |           |            |         |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |                      |   |                      |                                  |                      |                      |          |                      |             |           |            |         |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><u>Wilma Jean Thompson an unmarried woman</u>  |                      | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |                      |                                  |                      |                      |          |                      |             |           |            |         |
| Name and address where notices should be sent<br><u>Wilma Jean Thompson</u><br><u>12 Brewster Way</u><br><u>Redlands CA 92373</u>   |                      | Telephone number <u>909-335-1153</u>  |                      | THIS SPACE IS FOR COURT USE ONLY |                      |                      |          |                      |             |           |            |         |
| Last four digits of account or other number by which creditor identifies debtor   |                      | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____.  |                      |                                  |                      |                      |          |                      |             |           |            |         |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See Exhibit A</u><br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |                      |   |                      |                                  |                      |                      |          |                      |             |           |            |         |
| <b>2 Date debt was incurred</b> <u>3-7-05</u>   |                      | <b>3. If court judgment, date obtained</b>  |                      |                                  |                      |                      |          |                      |             |           |            |         |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim \$ 100,268.37</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.<br><b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)<br><b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>Unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>1,433.34</u><br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |                      |   |                      |                                  |                      |                      |          |                      |             |           |            |         |
| <b>5 Total Amount of Claim at Time Case Filed</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$ <u>100,268.37</u></td> <td style="text-align: right;">\$ <u>100,268.37</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>100,268.37</u></td> </tr> <tr> <td style="text-align: center; font-size: small;">(unsecured)</td> <td style="text-align: center; font-size: small;">(secured)</td> <td style="text-align: center; font-size: small;">(priority)</td> <td style="text-align: center; font-size: small;">(Total)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |                      |   |                      |                                  | \$ <u>100,268.37</u> | \$ <u>100,268.37</u> | \$ _____ | \$ <u>100,268.37</u> | (unsecured) | (secured) | (priority) | (Total) |
| \$ <u>100,268.37</u>  | \$ <u>100,268.37</u> | \$ _____  | \$ <u>100,268.37</u> |                                  |                      |                      |          |                      |             |           |            |         |
| (unsecured)   | (secured)            | (priority)  | (Total)              |                                  |                      |                      |          |                      |             |           |            |         |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |                      |   |                      | THIS SPACE IS FOR COURT USE ONLY |                      |                      |          |                      |             |           |            |         |
| Date <u>1-09-07</u><br>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><u>Wilma Jean Thompson Wilma Jean Thompson</u>   |                      |   |                      |                                  |                      |                      |          |                      |             |           |            |         |

## FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF Nevada  | PROOF OF CLAIM |
|---|--|---|----------------|
| Name of Debtor <b>USA Commercial Mortgage Company</b>   |  | Case Number <b>06-10725-LBR</b>   |                |
| <small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>  |  |   |                |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>Ronda L. Threlfall</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |                |
| Name and address where notices should be sent<br><b>Ronda L. Threlfall</b><br><b>9915 Saddleback Drive</b><br><b>Lakeside, CA 92040</b>   |  | THIS SPACE IS FOR COURT USE ONLY  |                |
| Telephone number <b>(619) 401-1337</b>  |  |   |                |
| Last four digits of account or other number by which creditor identifies debtor   |  | Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> amends a previously filed claim dated _____   |                |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>(See Exhibit "A")</b>   |  |   |                |
| <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ (date) to _____ (date)   |  |   |                |
| <b>2 Date debt was incurred</b> <b>March 2004</b>   |  | <b>3. If court judgment, date obtained</b>  |                |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br><small>See reverse side for important explanations.</small><br><b>Unsecured Nonpriority Claim \$ 202,806.94</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |  |   |                |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <b>unknown</b><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <b>2,806.94</b> |                |
| <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>   |  |   |                |
| <b>5 Total Amount of Claim at Time Case Filed</b>   |  | <b>\$ 202,806.94    202,806.94    \$202,806.94</b><br><small>(unsecured)                      (secured)                      (priority)                      (Total)</small>  |                |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |                |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  | THIS SPACE IS FOR COURT USE ONLY  |                |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |                |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |                |
| Date<br><b>1/08/07</b>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><b>Ronda L. Threlfall</b> <i>Ronda Threlfall</i> |   |                |

FILED JAN 12 2007





## FORM B10 (Official Form 10) (10/05)


|   |  |   |  |  |
|---|--|---|--|--|
| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF Nevada  |  | <b>PROOF OF CLAIM</b><br><br><b>FILED AND FILED</b><br><br><b>JAN 12 P 1 44</b><br><br><b>COURT CLERK</b><br><br><small>THIS SPACE IS FOR COURT USE ONLY</small> |
| Name of Debtor <b>USA COMMERCIAL MORTGAGE CO</b>  |  | Case Number <b>06-10725-LBR</b>   |  |  |
| <small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>  |  |   |  |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><br><b>TIKI INVESTMENT ENTERPRISES, LP</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  |  |
| Name and address where notices should be sent<br><b>2578 HIGHMORE AVE<br/>HENDERSON, NV 89052</b>   |  | Telephone number <b>702-617-2565</b>  |  |  |
| Last four digits of account or other number by which creditor identifies debtor <b>7002</b>   |  | Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____   |  |  |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>See exhibit A</u><br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |  |   |  |  |
| <b>2 Date debt was incurred</b> <u>7/22/05</u>  |  | <b>3. If court judgment, date obtained</b>  |  |  |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |  |   |  |  |
| <b>Unsecured Nonpriority Claim</b> <u>line 4 of Ex A</u><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  | <b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>unknown</u><br><br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>line 2 of Ex A</u>  |  |  |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br><br>Amount entitled to priority \$ _____<br><br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |  |  |
| <b>5 Total Amount of Claim at Time Case Filed</b><br>\$ <u>In 4 Ex A</u> (unsecured) <u>line 4 Ex A</u> (secured) <u>line 4 Ex A</u> (priority) <u>line 4 Ex A</u> (Total)<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |   |  |  |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |   |  | <small>THIS SPACE IS FOR COURT USE ONLY</small>  |
| <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |  |
| <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |  |
| Date<br><br><b>1/11/06</b>  |  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><br><b>Mona E. Maxwell PARTNER</b>  |  |  |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.





| <b>PROOF OF CLAIM</b>   |   |
|---|---|
| <b>Name of Debtor</b><br><u>USA Commercial Mortgage Company</u>   | <b>Case Number</b><br><u>06-10725-LBR</u>   |
| <b>NOTE</b> See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |
| <b>Name of Creditor and Address</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             11321241008421           </div><br>DONALD S TOMLIN AND DOROTHY R TOMLIN<br>TRUSTEE OF THE DONALD S TOMLIN<br>7145 BEVERLY GLEN AVE<br>LAS VEGAS NV 89110-4228  | <div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.           </div> <div> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.           </div> <div> <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.           </div> </div> |
| <b>Creditor Telephone Number</b> <u>( ) 702-453-6079</u><br><b>Last four digits of account or other number by which creditor identifies debtor</b><br><u>1217</u>   |   |
| <div style="display: flex; justify-content: space-between;"> <div> <b>1 BASIS FOR CLAIM</b><br/> <input type="checkbox"/> Goods sold      <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Services performed      <input type="checkbox"/> Taxes<br/> <input checked="" type="checkbox"/> Money loaned      <input type="checkbox"/> Other (describe briefly) _____           </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br/>             Last four digits of your SS # <u>1217</u><br/>             Unpaid compensation for services performed from _____ to _____ (date) (date)           </div> <div> <input type="checkbox"/> Unremitted principal<br/> <input type="checkbox"/> Other claims against servicer (not for loan balances)           </div> </div> |   |
| <b>2 DATE DEBT WAS INCURRED</b> <u>various dates</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____  |   |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |   |
| <b>UNSECURED NONPRIORITY CLAIM</b> <u>\$2,779,806 plus interest</u><br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. <u>(See attached description)</u>   | <b>SECURED CLAIM</b> <u>(See attached description of claim)</u><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)  | <input type="checkbox"/> Up to \$2225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)<br><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>                          |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b><br><div style="display: flex; justify-content: space-between;"> <div> <u>\$2,779,806</u> (unsecured)           </div> <div>             \$ _____ (secured)           </div> <div>             \$ _____ (priority)           </div> <div> <u>\$2,779,806</u> (Total)           </div> </div>   |   |
| <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |   |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <u>(See attached)</u>   |   |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |   |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911   | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">FILED NOV 10 2006</div>   |
| <b>DATE</b><br><u>11/8/06</u>   | <b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br><u>Don S Tomlin Trustee</u>   |

| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   |  | PROOF OF CLAIM   |  |
|--|--|--|--|
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>   |  | Case Number<br><b>06-10725-LBR</b>   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.                    |  |
| Name of Creditor and Address<br> 11321242039235<br>TOOMBES PATSY<br>P O BOX 11665<br>ZEPHYR COVE NV 89448   |  | <b>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.</b><br><br><b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.             |  |
| Creditor Telephone Number ( )  |  | THIS SPACE IS FOR COURT USE ONLY   |  |
| Last four digits of account or other number by which creditor identifies debtor  |  | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or amends a previously filed claim dated _____.  |  |
| <b>1 BASIS FOR CLAIM</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Goods sold<br/> <input type="checkbox"/> Services performed<br/> <input type="checkbox"/> Money loaned         </div> <div style="width: 50%;"> <input type="checkbox"/> Personal injury/wrongful death<br/> <input type="checkbox"/> Taxes<br/> <input type="checkbox"/> Other (describe briefly)         </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Wages, salaries and compensation (fill out below)<br/>           Last four digits of your SS # _____<br/>           Unpaid compensation for services performed from _____ to _____ (date) (date)         </div> <div style="width: 50%;"> <input type="checkbox"/> Unremitted principal<br/> <input type="checkbox"/> Other claims against servicer (not for loan balances)         </div> </div> <p><b>PRINCIPAL AND INTEREST OF INVESTMENTS</b></p> |  |  |  |
| <b>2 DATE DEBT WAS INCURRED</b>  |  | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |  |  |  |
| <b>UNSECURED NONPRIORITY CLAIM \$</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.   |  | <b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <b>350,000 PLUS INTEREST</b> |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)   |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)  |  |
| * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |  |  |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured) \$ _____ (secured) \$ _____ (priority) <b>371,435.14</b>  |  |  |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |  |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |  |  |
| <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |  |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P O Box 911<br>El Segundo, CA 90245-0911   |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="font-size: 2em; font-weight: bold;">FILED OCT 04 2006</div>  |  |
| <b>DATE</b> _____  |  | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): _____  |  |



FORM B10 (Official Form 10) (10/05)

|  |   |   |
|--|---|---|
| UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Nevada</u>   |   | PROOF OF CLAIM  |
| Name of Debtor<br><u>USA Commercial Mortgage</u>   | Case Number<br><u>06-10725-LBR</u>        |   |
| NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.  |   |   |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Gerry Topp, a married man dealing with his sole &amp; separate property</u><br>Name and address where notices should be sent<br><u>Gerry Topp</u><br><u>10745 W. River St</u><br><u>Truckee, CA 96161</u><br>Telephone number _____   |   |   |
| Last four digits of account or other number by which creditor identifies debtor _____  |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| 1. Basis for Claim<br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input checked="" type="checkbox"/> Taxes <u>See Exhibit A</u><br><input type="checkbox"/> Other _____  |   | <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed<br>from _____ to _____<br>(date) (date)  |
| 2. Date debt was incurred<br><u>Oct. 2001</u>  | 3. If court judgment, date obtained _____ |   |
| 4. Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.<br>Unsecured Nonpriority Claim \$ <u>260,703.10</u><br><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.<br>Unsecured Priority Claim<br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(5) |   |   |
| Secured Claim<br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ <u>Unknown</u><br>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>4,231.86</u>   |   |   |
| 5. Total Amount of Claim at Time Case Filed<br><u>\$260,703.10</u> (unsecured) <u>260,703.10</u> (secured) <u>260,703.10</u> (priority) <u>260,703.10</u> (Total)<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |   |
| 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br>7. Supporting Documents. Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br>8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.   |   | THIS SPACE IS FOR COURT USE ONLY  |
| Date <u>1/17/07</u><br>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)<br><u>Gerry Topp</u>   |   |   |

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 USC § 875

USA CMC



1072502416

FILED JAN 22 2007



**PROOF OF CLAIM**

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

 11321242039375  
 VENTURA ROY  
 AMERICAN EMBASSY JAKARTA UNIT 8135 USAID  
 FPO AP 96520

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (62) 21 392-6116

Last four digits of account or other number by which creditor identifies debtor

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** Oct 2004 - March 2006**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations

**UNSECURED NONPRIORITY CLAIM \$**
☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.
**SECURED CLAIM**
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 155,828.26

**UNSECURED PRIORITY CLAIM**
☐ Check this box if you have an unsecured claim all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM**

AT TIME CASE FILED \$ (unsecured) \$ 155,828.26 (secured) \$ (priority) \$ 155,828.26 (Total)

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED OCT 19 2006

DATE

16 Oct 2006

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Roy L. Ventura, Jr. &amp; Nancy B. Ventura

USA CMC



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